

The Role of Partner Relationships in The Etiology of Psychogenic-Type Sexual Disorders in Men

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Abstract: This research paper analyzes the impact of organic and predominantly functional types of sexual disorders among male urological diseases on the psycho-emotional sphere, as well as the psycho-diagnostics of these disorders and the role of partner relationships.

Keywords: Psychogenic sexual disorder, partner relationship, diagnosis.

Introduction: Human needs are limitless; however, the primary and inexhaustible needs are biological, psychological, and social. Based on this, a human being is considered a biopsychosocial entity. The biological need, while existing on Earth, includes the need for food, movement, sleep, and the instincts of reproduction and mating. Among these instincts, the reproductive and mating instinct is natural for all living beings. When characterizing these instincts, men are typically associated with physical activity, sexual arousal, and the expression of masculinity through dominance and independence, while women are associated with emotionality, sensitivity to external factors, and a tendency toward observance, which also relates to their excitability. Unlike animals, humans are capable of recognizing and controlling their emotional and mental processes and states. For this reason, sexual processes have a complex and multifaceted structure.

When discussing the ideal of human relationships, scientific research and practical experience show that in a social context, couples behave somewhat differently than they do in personal and intimate relationships. Sexual harmony between spouses involves mutual adjustment of their psychological, sexual, and physiological behavior. It is characterized by compatibility in levels of sexual desire and activity, as well as in sexual constitution and temperament of both partners. This reflects their ability to experience adequate and optimal erotic sensations, which in turn

contributes to full psychosexual satisfaction and sexual harmony (Kibrik N.D., Reshetnyak Yu.A., Deinega G.F., 1993).

The sexual organs, like other body organs, function according to biological (somatic) and psychological (psycho-emotional) structures. They have their own organic, physiological, and functional roles, as well as pathological conditions. Functional, or psychogenic, disorders of sexual function are the main topic and focus of this study, which will be examined and presented based on the findings obtained. In the etiology of psychogenic sexual dysfunction in men, the presence of a partner relationship plays an important role. These disorders are often caused by psychological factors, including social behavior in relationships, the individual's attitude toward intimacy, and psycho-emotional states, which are closely interrelated.

Psychogenic sexual dysfunctions are not congenital disorders but arise during the course of life depending on individual personality traits, especially as a result of the influence of partner or family relationships, which significantly affect the psycho-emotional sphere of the individual. Such disorders, being functional in nature, have no organic cause, and in most cases, no organic diseases are detected during a medical-biological examination. However, despite this, neurogenic disorders may lead to dysfunctions of the sexual organs and associated systems.

LITERATURE REVIEW

Numerous studies conducted around the world

indicate that psychogenic erectile dysfunction accounts for approximately 20–30% of all cases of erectile dysfunction. In some studies, this figure may reach 30–40%, although the exact percentage depends on the age of the men, their psychological state, and factors related to sexual health. For example, the international study The Massachusetts Male Aging Study (1994) found that psychogenic erectile dysfunction occurs in 20–25% of cases, with higher rates observed in younger men [1,2].

Studies conducted in Uzbekistan have similarly shown that psychogenic disorders account for approximately 30–35% of all erectile dysfunction cases. In the works of Sultonov M. and Ismoilov A. (2019), it is noted that in 25–30% of erectile dysfunction cases, psychological factors are the primary cause. These disorders are often linked to socio-psychological issues in relationships, such as stress, dissatisfaction, insecurity, and other psycho-emotional tensions [3,4].

These findings underscore the importance of considering psycho-emotional and social factors in the diagnosis and treatment of erectile dysfunction. Psychogenic disorders require a comprehensive approach that includes both medical and psychological assistance, as well as attention to the dynamics within the couple's relationship.

METHODOLOGY

One of the key observed aspects in our research was determining the type of attitude women exhibit toward their husbands who are experiencing illness. Through interviews with couples, it was identified that women's attitudes toward their husbands can be categorized into four types, which are of significant importance:

- Nurse-wife (caring),
- Conflict-prone wife (egocentric),
- Aggressive wife,
- Initiative-taking wife.

It is crucial to emphasize that attention to the nature of familial and sexual relationships between men and these types of spouses, as well as their level of sexual satisfaction, plays a vital role.

The objective of our research is to conduct a psychodiagnostic assessment of urological and sexual disorders in men. Specifically, the study aims to analyze how organic and non-organic aspects of these disorders influence the psycho-emotional sphere of married patients, using psychodiagnostic tools and to determine the statistical significance of the obtained results.

During the study, the participating patients were diagnosed with the following urological and sexual functional disorders:

- Varicocele: 12 patients (20%),
- Chronic prostatitis: 13 patients (26%),
- Asthenozoospermia: 12 patients (20%),
- Psychogenic erectile dysfunction (ED): 17 patients (34%).

Patients aged 20 to 45 years participated voluntarily in the research. Clinical interviews were conducted as part of the examination process, and psychodiagnostic tools were administered. The following psychodiagnostic methods were employed:

- HADS (Hospital Anxiety and Depression Scale) — to assess levels of depression and anxiety,
- Frustration condition diagnostics (according to V.V. Boyko),
- MIEF-5 (International Index of Erectile Function - 5) — to evaluate erectile dysfunction severity.

A one-way ANOVA (Analysis of Variance) was conducted (Table 1) to compare MIEF-5 scores among patients with different urological diagnoses. The mean values are presented in the following table.

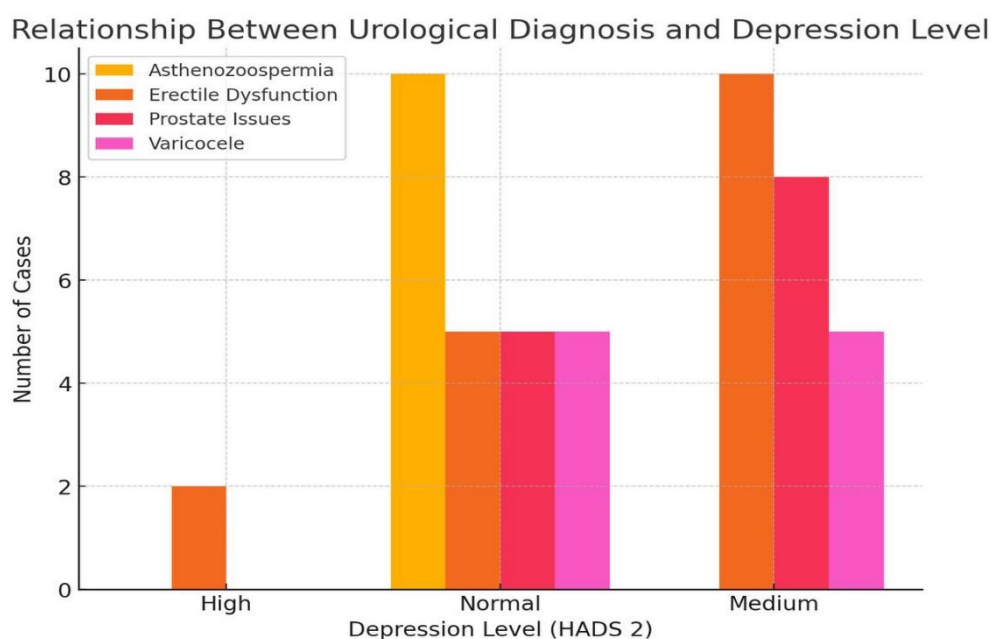
Table 1. ANOVA Results

Urological diagnosis	N	M (Average)	SD (Standard Deviation)
Asthenozoospermia (Ast))	10	21.40	4.77
Erectile Dysfunction (ED)	17	13.94	3.36

Urological diagnosis	N	M (Average)	SD (Standard Deviation)
Chronic Prostatitis (Prosate)	13	18.77	4.00
Varicocele (Varcol)	10	18.10	3.54

This table presents the mean values and standard deviations of IIEF-5 scores based on urological diagnoses.

The relationship between urological diagnosis and the level of depression is also examined.



(Figure 2)

RESULTS

Chi-square test: $\chi^2(6) = 16.595$, $p = 0.011$. There is a statistically significant association between urological diagnoses and levels of depression ($p < 0.05$). This result indicates a notable correlation between urological conditions and depression levels (Figure 2). The study findings show that patients with asthenozoospermia (Ast), erectile dysfunction (ED), prostatitis, and varicocele experience psycho-emotional changes. In particular, the association between ED and depression, as well as between anxiety and ED, shows significant differences compared to other diagnoses. $\chi^2(6) = 16.595$, $p = 0.011$. This, in turn, suggests that patients with ED may suffer from depression and apathy. From a psychological perspective, the study results suggest that patients with high (clinical) and moderate (subclinical) levels of depression exhibit deteriorated psycho-emotional states, lack or low levels of relationship satisfaction, and diminished social functioning. These patients are

likely to experience symptoms such as apathy, anxiety, neurasthenia, and obsessive worries within relationships.

CONCLUSION

The psychogenic etiology of sexual disorders is associated with a variety of psychological and social factors, and the psychological profiles of both the man and the woman in a relationship play a crucial role in this process. Analyzing this profile is important for understanding sexual dysfunction. Stress in relationships, infidelity, mutual distrust, or postpartum pressure can negatively affect the quality of sexual life. These stressors may reduce sexual arousal and lead to decreased libido.

The quality of intimate life depends not only on the roles within the family or relationship but also on individual personality accentuations. Character type reflects a person's attitude toward health and illness. This, in turn, plays an important role in how one partner

perceives and responds to the other's illness. Furthermore, the psycho-emotional sphere of patients is influenced by the emotional bond between partners. When there is a lack of emotional connection or love within the couple, this also impacts sexual relations. Emotional isolation or discomfort in the relationship may lead to a loss of sexual desire or dysfunction. In such situations, consultation with qualified specialists, such as andrologists and sexologists, is necessary for the diagnosis and treatment of male patients.

REFERENCES

Laumann, E. O., et al. (2005). *The Social Organization of Sexuality: Sexual Practices in the United States*. University of Chicago Press.

Feldman, H. A., & McKinlay, J. B. (2002). Psychological factors and erectile dysfunction: A review. *Journal of Urology*, 168(3), 905-909.

Sultonov, M., & Ismoilov, A. (2019). *Juft munosabatlarining jinsiy salomatlikka ta'siri: O'zbekiston statistikasi va ilmiy tahlili*. Jinsiy Salomatlik Markazlari Tadqiqotlari.

Mavlonov, A., & Karimov, R. (2018). Jinsiy buzilishlar va juft munosabatlar: O'zbekistondagi psixologik omillarning ro'li. *O'zbekiston Tibbiyot Jurnal*i, 58(3), 45-51.

Dursunov, S. (2023). ОИЛАВИЙ ИНҚИРОЗЛАР ВА ПСИХОТЕРАПИЯ ЙЎНАЛИШИНИНГ АСОСЛАРИ.

Axmat o'g'li, D. S., & Sevinch, A. (2023). BEMORLARDA NEVROTIK HOLATLAR TAHLILI. *Scientific Impulse*, 1(8), 716-719.